

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035927

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

140 3024 95
FILED SEP 18 1963VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		c. CITY OR TOWN Fayette	
Length of stay in 1b 20 yrs		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 207 S. Cleveland		d. STREET ADDRESS (If outside, give location) 207 S. Cleveland	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First REX Middle ROSSER Last BURTON		4. DATE OF DEATH Month Sept. Day 9 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/1/86
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	
11. BIRTHPLACE (City and state or country) Howard Co. Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Patrick Henry Burton		13b. MOTHER'S MAIDEN NAME Laura Ann Nance	
14. NAME OF HUSBAND OR WIFE Hallie Cox		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
No		16. SOCIAL SECURITY NO. 7	
17. INFORMANT Mrs John Jankowshi		Address Jefferson, Cit. Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma lungs - metastasis to lung. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Fayette, Mo		COUNTY Fayette STATE Missouri	
21. I attended the deceased from 1961 to Sept 9, 1963 and last saw her alive on Sept 9/1963 Death occurred at 4 PM 9/11/63 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. P. Luce, M.D. (Degree or title)		22b. ADDRESS Fayette, Mo	
22c. DATE SIGNED 9-11-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 9/11/63		23c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery	
23d. LOCATION (City, town, or county) Fayette, Missouri		23e. DATE RECD. BY LOCAL REG. 9-11-63	
23f. REGISTRAR'S SIGNATURE Katherine Welch		24. FUNERAL DIRECTOR Ralph A. Carr ADDRESS Fayette, Mo	

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph A. Carr

Licensed Embalmer No.

3340

P. O. Address

Jayette, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.